



Kansas Department of Health and Environment

Long Term Care Program

FACT SHEET

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PLEASE ROUTE THIS *Fact Sheet* TO NURSING STAFF AND OTHER INTERESTED PARTIES IN YOUR FACILITY. THIS PUBLICATION MAY BE COPIED OR ACCESSED THROUGH THE INTERNET ADDRESS ABOVE.

The Long Term Care Program Fact Sheet is a newsletter published by the Kansas Department of Health and Environment and sent quarterly to all nursing facilities, long term care units in hospitals, critical access hospitals, intermediate care facilities for the mentally retarded and nursing facilities for mental health. This newsletter provides important up-to-date information concerning the nursing facility industry.

HCFA Issues New Correction Process for the MDS

The Health Care Financing Administration has developed a new process for correcting errors in Minimum Data Sets submitted to the state MDS data base. Prior to the development of this **NEW** facility driven electronic mechanism, facilities could only correct errors in **KEY** fields. HCFA is very concerned about the accuracy of the MDS assessments in the national data base. As these assessments are used for reimbursement for the Medicare system, accuracy is absolutely necessary.

Effective April 28, 2000 an enhanced editing process will be initiated. This process will more strictly enforce the existing edits. Most existing errors or warnings will be elevated to fatal errors, resulting in the rejection of the MDS record. Nursing facilities have the responsibility of reviewing each validation report following submission of MDS records. This review should be used to identify errors in encoding. Systems should be in place to eliminate those errors. Software used by the facility should identify these errors prior to submission. The software used by the facility to encode the MDS should not allow the transmission of a file which does not meet the edit checks. Facilities experiencing significant problems with errors may wish to obtain a copy of the free MDS encoding software available from the Health Care Financing Administration.

The *Fact Sheet* is published by the Kansas Department of Health and Environment.

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It is a good practice to test proprietary software against the HCFA developed software to ensure compliance with the edit checks.

The second initiative is an electronic method for correcting errors **of any type** (not just errors in KEY fields). This new correction mechanism involves the use of an MDS Correction Request Form which allows for the modification and inactivation of a record which has been submitted to the state data base. Facilities should have or should be receiving updates to their MDS software from their software vendor. The MDS Correction Request Form will be included in the software update.

A manual has been developed by HCFA to assist facilities in implementing this process. The manual is available on the state of Kansas MDS Submission Intranet. The MDS Submission Intranet is accessed each time facility staff transmit MDS data via the intranet system. Click on "Correction Process Implementation Provider's Manual (Draft), to download and print the manual. The manual may need to be downloaded in two sections to accommodate some printers. If facilities have difficulty downloading the manual, please contact the MDS Help desk by calling 785-228-6770.

On May 1, the Kansas Department of Health and Environment will have a training on how to use the new HCFA correction process. The training will be conducted using instructional television through the Kansas Department of Education. To ensure as many facilities as possible are able to attend, enrollment will be limited to two individuals from a facility. Each person attending the training should bring a copy of the correction manual described above. **Copies of the instructional manual will not be available.** Facilities are encouraged to enroll as soon as possible. A brochure and enrollment form is enclosed with this *Fact Sheet*. A video tape will be made of the presentation and be available to facilities through the Kansas Public Health and Environmental Information Library at Kansas State University.

On May 2, between noon and 5:00 pm, one of HCFA's contractor's will be updating the MDS submission system. During the update process the system will **not** be able to accept submissions.

QUALITY INDICATORS

Many nursing facilities and long term care units in hospitals are finding the quality indicators a valuable tool in assessing the quality of care provided in their facility. It is very important that facilities use this tool appropriately. It has been reported that administrators are telling pharmacists that residents must have nine or fewer medications to avoid a deficiency related to medications. Other comments have been received which indicate that some facilities are pressuring MDS coordinators to "fix" the assessments so that the facility "looks better" on the quality indicators. These actions decrease the effectiveness of the quality indicators as a quality assurance tool and could be the cause of serious deficiencies related to the accuracy of the MDS assessments submitted.

The accuracy of the quality indicators is based on the accuracy of the assessments submitted to the MDS data base. If the definitions found in the MDS manual are not used, there is a significant risk that the assessments will be inaccurate and the quality indicators will also be inaccurate.

Facilities should have a process in place to review the quality indicators on a regular basis. Some facilities have developed spread sheets in which they record the number of residents with an indicator and the facilities ranking with other facilities in the state. It is recommended that the facility also compare their percentage with the percentage listed for all facilities. Below are some suggestions for investigating the quality indicator reports for a facility.

1. Determine that the QI is correct.

Review the MDS 2.0 variable definition. The definitions are in the last section of *Facility Guide for the Nursing Home Quality Indicators*. This document can be download from the MDS Welcome Page. Identify the residents who met the criteria for the indicator (resident summary report). Review the MDS assessments which were involved in the creation of the report. Were the

MDS items correctly coded? This is the most frequent reason for errors in the Q.I. system. The MDS coordinator may need additional training.

2. Determine whether the Q.I. is a problem for the resident or is related to the resident's clinical condition. A resident who has a neurogenic bladder is appropriately treated with an indwelling catheter. Ensure that there is supporting documentation from the physician concerning the specific condition.
3. Does the Q.I. indicate there is a problem with the delivery of care or is the indicator the result of a resident condition which cannot be remediated. Example would be terminally ill and experienced a significant weight which was recorded on the most recent assessment. Ensure that there is supporting clinical documentation to indicate that the facility has used appropriate approaches to prevent the care issue.
4. If the Q.I. is correct and one of the three above findings was not identified, the Q.I. report should be referred to the quality assessment and assurance committee for evaluation of facility practices related to the care issue identified.

Facilities have an opportunity to be proactive in preventing care problems and also identifying possible care delivery issues specific to their facility. HCFA's intent in providing this information to facilities was to provide a method for facilities to correct care delivery problems before a survey is conducted. The same information is now available to surveyors and facility staff. How facilities choose to use this valuable information can have a significant effect on their ability to remain in compliance with Federal and state regulations.

Credentialing Update

Promoting Distance Learning Technologies

Health Occupations Credentialing (HOC) has two policies for approving courses by distance learning technologies (DLT): (1) for certification courses and (2) for continuing education courses. The continuing education courses include the medication aide update course as well as the continuing education for licensed speech language pathologists, audiologists, dietitians and adult care home administrators.

Guidelines for certified nurse aide, home health aide and medication aide courses require that the first two courses offered by each sponsor be under "pilot approval." Each sponsor submits a DLT proposal to HOC for approval. At the conclusion of each pilot course, a summary of course evaluations is submitted for review. If two pilot courses are deemed successful (based on a passing rate on the test, comparable to traditional courses of similar size, and acceptable evaluations), the sponsor is no longer designated as a pilot course sponsor, and is approved to continue to offer DLT courses following the normal course approval process. To offer a DLT course, sponsors should request the guidelines, submit the proposal accordingly, and submit a course approval form.

Guidelines for continuing education, including medication aide update courses and courses for licensees, require the sponsor to submit a traditional course approval application at least three weeks prior to the anticipated course date and for medication aide update courses, the roster, update certification forms and fees are submitted at the conclusion of the course. When submitting DLT prior approval forms for licensure programs, sponsors submit the date, schedule, agenda, course content and objectives, presenter qualifications and assurance that the licensee's name will be on the certificate of completion. To request a copy of the guidelines, contact Martha Ryan (785) 296-0058, mryan@kdhe.state.ks.us, or Dolores Staab (785) 296-6796, dstaab@kdhe.state.ks.us.

Improvements Made to Certified Medication Aide - Update Process

HOC has instituted a new CMA Update course process that should speed up the renewals and capture those who might otherwise miss their renewal date. Instructors now send the roster of names of those who successfully complete the 10-hour course, *the fee of \$10 per attendee*, and individual update certification forms. Approximately one month prior to the

expiration date on the certificate, HOC will automatically send the new certificate to the medication aide. This eliminates several sets of mailings back and forth between the CMA and HOC, and, streamlines the process. It is **critical** that HOC has the most current address on file for each CMA. Please emphasize this with your staff.

HOC is also now issuing an initial certificate when a CMA completes training. There is no charge, at this time, for the initial card. This allows the CMA to have a wallet certificate that lists the first expiration date, as well as the phone number of HOC to allow convenient updating of addresses. Please remember that there should be no fees submitted with the **60-hour** medication aide roster.

HOC Web Site

Remember the HOC Internet web site: www.kdhe.state.ks.us/hoc

There is a lot of information at your fingertips using the Internet. Here is a brief listing of what's on the HOC website:

Certification Resources:

1. applications for nurse aide, medication aide, and home health aide training courses
2. listing of approved certification courses (throughout Kansas), instructor approval (application and employment verification)
3. certification test schedule for July 99 - June 00
4. candidate's request to reschedule a test
5. records search/update (to submit name or address change, request duplicate copy of a certificate)
6. skills competency check list for employment verification

Criminal Background Checks:

7. Frequently Asked Questions (and answers)
8. request form
9. request form instructions
10. prohibited criminal offenses in Kansas

Employment Verification Questions and Answers

Regulations Guiding Administration of HOC:

11. licensing of adult care home administrators
12. certification of nurse aides and medication aides
13. certification of home health aides
14. licensing of dietitians
15. Health Occupations Credentialing Act
16. licensing of speech-language pathologists and audiologists.

Links to other sites: Kansas Board of Healing Arts, Kansas Bureau of Investigation, Kansas Department on Aging, Kansas Department of Human Resources, and the Kansas State Board of Nursing.

If you cannot find the information you need, you can also email a representative of HOC by the click of your mouse. Responses are usually provided within one business day. Many times we can attach documents to the email reply to expedite your request and reduce mailing costs.

Renewal Time for Licensed Adult Care Home Administrators

Renewal notices for Adult Care Home Administrator licenses expiring 6/30/2000 will be mailed to licensees in early May. If you are an administrator who has had a change in a mailing address since the last renewal period, please contact HOC at (785) 296-0061 so records can be updated to ensure renewal notices are received in a timely fashion.

Continuing Education Course

Did you know that you can get your continuing education programs approved for credit in advance of attending? If you are attending a continuing education activity and you are a Kansas licensed administrator, dietitian, speech-language pathologist

or audiologist, be sure the program is approved in advance of attending. This can be done one of two ways: review or contact the provider to verify the program has already been approved, or, you can send in a prior approval request yourself. The advanced approval will help speed up your renewal when it comes time to process your new license and it assures you of the number of hours you can count toward your license renewal before its expiration. You do not need to send in a subsequent approval (after you attend) if the program has already been approved for credit either by the provider or by you having sent in the request. In addition, you may contact any approved Long-Term Continuing Education Sponsor and under their agreement with the department, you may have your activity evaluated and if approved, it will be assigned an approval under their sponsorship.

For prior approval and for the long term sponsorships, each certificate must clearly state the prior approval number or the long term sponsorship number, the professional discipline for which the program was approved, and the number of hours awarded to the licensee. If the program was approved for administrators, the certificate must also show how many hours were awarded for: "administration," "resident care," and/or, "electives." This information should also appear on all promotional material for these activities.

If you attend a continuing education program which has not been prior approved, and you do not wish to submit it for prior approval, please send in a subsequent approval form with the required documentation as soon as possible! (Look on the web site for the prior approval form under "Licensure Resources," or contact Dolores Staab for a subsequent approval form.)

Nurse Aide Trainee II

Picture this scenario (some of you may have had experiences of your own), a student enrolled in a nurse aide course brings a 40-Hour Skills Competency Checklist to you, as DON or administrator, to apply for employment. What is one of your responsibilities before hiring this person? Since the student is not "certified," no need to call the Kansas Nurse Aide Registry (KNAR), right? Wrong. You should call the registry before employing the student to assure that the four-month period for working as a Nurse Aide Trainee II is not expired. If this window has passed, the student is no longer eligible to work as a Nurse Aide Trainee II until full certification has been acquired by passing the state test. Only one four-month employment window is ever approved because of federal regulations. Another scenario would be if the person has been scheduled to take the state test by reciprocity (being a nurse aide in another state). Again, there is a four-month period of eligibility that, in this case, begins on the date indicated by the letter scheduling the person for the test. That letter guides you as the employer in determining initial and ongoing eligibility. (KNAR phone number: 785-296-6877) If you have any questions, contact Fran Breedlove (785) 296-0059.

Resources for Quality Care

Compliance Program Guidance for Nursing Facilities

The Inspector General Office of the Health and Human Services Department issued a compliance guideline for nursing facilities. The guidance was published in the March 16, 2000 *Federal Register*. The website address for the guidance is as follows: http://frwebgate.access.gpo.gov/cgi...=2000_register&docid=00-6423-filed.

The guidance is intended to assist all nursing facilities in adopting voluntary compliance programs. "Compliance with quality of care standards is especially important for nursing facilities because nursing home residents are often among the most vulnerable beneficiaries receiving care through Medicare and Medicaid" according to Inspector General June Gibbs Brown.

NEW VIDEOS AVAILABLE FROM KHEPIL

The Kansas Association of Homes and Services for the Aging donated five videos to KHEPIL related to food sanitation and nutrition/hydration of older adults. Funds from enrollment fees for the joint survey/provider training session on nutrition and hydration were used to purchase the videos.

Osteoporosis - 16 minutes

Osteoporosis is a serious preventable disease affecting 24 million Americans. Bone health is not a single nutrient issue. This video presents information on how to prevent bone loss through the life span.

Basic Nutrition for Long Term Care Staff - 16 minutes

Providing all staff with information concerning nutritional needs of older adults can increase the quality of care for residents.

Nutritional Problems of the Elderly - 14 minutes

Discusses nutritional challenges common to many older adults including weight gain and loss, chewing problems, physical activity, alcohol, drug food interactions, constipation, and dehydration.

All About Fluids 15 minutes

Fluids are essential for life. The need for older adults to drink fluid even when they are not thirsty and the influence of caffeine and alcohol are discussed.

Fundamentals of Sanitary Food Handling - 15 minutes

Foodborne illness is a significant problem in long term care facilities. This video discusses the signs, symptoms and treatment of foodborne diseases including Salmonella, Campylobacter, E. coli 0157:H7, Botulism, Listeria, Hepatitis A virus and Staphylococcus aureus.

ANE ISSUE STATISTICS 12/1/00 to 2/29/00
Complaint Calls Assigned for Investigation

ANE Investigations

Total 451

Dec 155

Jan 125

Care Issues Investigated

Total 304

Dec 88

Jan 113

*Licensure Category	Civil Penalties				Correction Orders			
	1999 Quarters							
	1 st	2 nd	3 rd	4 th	1 st	2 nd	3 rd	4 th
Inadequate or inappropriate hygiene and skin care	3	4	2	0	40	25	31	1
Inadequate or unqualified staffing	5	-	0	1	29	3	1	3
Inoperable or inaccessible call system	-	-	0	0	1	0	0	0
Inappropriate or unauthorized use of restraints	-	-	0	0	2	2	0	0
Unsafe medication administration or storage	-	-	3	0	2	2	8	5
Inadequate nursing services other skin care	4	4	1	1	52	20	40	5
Inadequate or inappropriate asepsis technique	-	-	0	0	1	0	0	0
Inadequate or inappropriate dietary/nutritional services	-	-	1	0	16	17	17	1
Unsafe storage or hazardous or toxic substances	-	-	0	0	0	0	0	0
Failure to maintain equipment	-	-	0	0	7	0	0	0
Resident right violations	-	-	0	0	13	9	18	3
Unsafe high water temperature	-	-	0	0	0	0	0	0
Inadequate hot water	-	-	0	0	0	0	0	0
General sanitation and safety	-	3	5	0	6	24	35	4
Other (including inappropriate admission)	-	-	0	0	0	1	1	2
Inadequate rehabilitation services	-	-	0	0	9	12	10	0
Civil Penalties	6	9	11	1				
Correction Orders					63	66	71	10
Bans on Admission	0	1	3	2				
Denials	0	0	0	0				

*A correction order or civil penalty may consist of multiple issues summarized within the licensure categories above.